ARIZONA STATE BOARD OF HEALTH

E OF BIRTH BUREAU OF V	ITAL STATISTICS
STANDARD CERT	TIFICATE OF BIRTH Registered No.
Gila	State argune
77 Township.	or Village
Lake No. 266 Satterlands. Ward	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
name of child Wallage Camard Welch [If child is not yet named, make supplemental report, as directed.	
Child To be answered ONLY 4. Twin, triplet or other, 6. Legitimate?	
in event of plural births. 5. No., in order of birth	7. Date of birth July 2 4 - 2 9 Month Day Year
FATHER	14. MOTHER
The albert M. Welch	Full maiden name Mary Eduth French
ience Jaual place of abode)	15 Residence (Usual place of abode)
1-resident, give place and state. Globe, are	If non-resident, give place and state. Isluly, and
or or race	16 Color or race
11. Age at last birthday 2 5 (Years)	White 17. Age at last birthday 2 2 (Years)
hplace (city or place) Mabile, ala_	18. Birthplace (city or place)
state or country)	(State or country) St. Luns Mo
upation	19. Occupation
ce of industry Sales many	Nature of Industry Housewife
Mahinal Biscutt Co. 11	
a) Born alive a	nd now living 21. Were precautions taken against oph-
as of time of birth of child herein and including this child.) (b) Born alive by (c) Stillborn	ut now dead.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 35	
y certify that I attended the birth of this child, who was (Born alive or stillborn.)	
len there was no attending physician	
hould make this return. A stillborn	
is one that neither breathes nor other evidence of life after birth,	correct sunce
name added from	
Month, day, year Address Address Month, day, year	
Filed	July 31, 1929 S. E. Wichman & Cl
Registrar	Registrar

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